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APPLICATION NO.	FILING DATE	. FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/713,150	11/17/2003	Koji Tanaka	086142-0612	9441

TITLE OF INVENTION: MOTORIZED SEAT BELT RETRACTOR

Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0741	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents. If no name is 1 FOLEY & LARDNER LLP or agents OR, alternatively, (2) the names of up to 2 registered patent attorneys or agents. If no name is 1 sisted, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) TAKATA CORPORATION Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): At the following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19=074 harge the required fee(s), or credit any overpayment, to Deposit Account Number 19=074 harge the required fee(s), or credit any overpayment, to Deposit Account Number 19=074 harge the required fee(s), or credit any overpayment, to Deposit Account Number 19=074 harge the required fee(s), or credit any overpayment, to Deposit Account Number 19=074 harge the required fee(s), or credit any overpayment, to Deposit Account Number 19=074 harge the required fee(s), or credit any overpayment, to Deposit Account Number 19=074 harge the required fee(EXA	MINER	ART UNIT		LASS-SUBCLASS		
Chr. 1,363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address findication (or "Fee Address" Indication form Number is required. The Address findication (or "Fee Address" Indication form Number is required. The Address findication (or "Fee Address" Indication form Number is required. The Address findication (or "Fee Address" Indication form Number is required. The Address findication for this form is NOT a substitute for filing an assignee is identified below, the document has been filed for a substitute for filing an assignment. Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): Tokyo, JAPAN Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): Tokyo, JAPAN Tokyo, JAPAN Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): Tokyo, JAPAN Tokyo, JAPAN Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): Tokyo, JAPAN Tokyo, JAPAN Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): Tokyo, JAPAN Tokyo, JAPAN The Director is hereby authorized by charge the required by charge the required by charge the	NGUYEN,	JOHN QUOC	3654		242-390900		
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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Authorized Signature Date June 10, 2005	Issue Fee Publication Fee (No	small entity discount permitte	ed)	A check in the a Payment by cred	lit card. Form PTO-2038	is attached.	credit any overpayment, to
Authorized Signature June 10, 2005	a. Applicant claims S	MALL ENTITY status. See	e) 37 CFR 1.27.	b. Applicant is n	o longer claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).
	Authorized Signature	July BI	let pyni		Date	June 10, 2005	he assignee or other party in

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